

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD
JAN 20 2009
Sax

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Tenacre

IMPORTANT: Indicate by # type of committee you are reporting for:

- (1) Statewide Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Susan Tenacre

Political Party (if applicable)

Democrat

Office Sought

House of Representatives

District (if Senate or House)

47

FORM
DR-2
(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1752

Logged in

Scanned

Computer

Audited

6 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]
SIGNATURE OF PERSON FILING REPORT

223-8643
TELEPHONE

1/20/09
DATE SIGNED

I AM FILING A 01/20/2009

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 2,212.69

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

1,370.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 3,582.69

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

2,528.48

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,054.21

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Basic Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Temere

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE CARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/04/2008	ID# CK#	Hugh Stone 531 S Fillmore Osceola IA 50213		\$20.00	<input type="checkbox"/>
10/08/2008	ID# CK#	Denyce Rusch 2597 New Glasgow Rd Fairfield IA 52556		5.00	<input type="checkbox"/>
10/09/2008	ID# CK#	Sandra L. Wenck 3410 Aurora Ave Des Moines IA 50310		25.00	<input type="checkbox"/>
10/09/2008	ID# CK#	Wayne Reisetter 1200 Nile Kinnick Dr South Adel IA 50003		50.00	<input type="checkbox"/>
10/15/2008	ID# CK#	Jean Basinger 1335 48th St Des Moines Ia 50310		50.00	<input type="checkbox"/>
10/22/2008	ID# CK#	IBEW Educational Committee 900 7th St NW Washington DC 20001		200.00	<input type="checkbox"/>
10/18/2008	ID# CK#	Rainbow Equality PAC#9753 PO Box 18 Indianola IA 50125		50.00	<input type="checkbox"/>
10/30/2008	ID# CK#	Judith E Lonning 5131 Robertson Dr Des Moines IA 50312		50.00	<input type="checkbox"/>
10/30/2008	ID# CK#	Kathleen McQuillen 830 E Jackson Ave Des Moines IA 50315		25.00	<input type="checkbox"/>
10/31/2008	ID# CK#	Margaret Harden 2517 N 1st St Perry IA 50220		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 525.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

For Instructions, See Back of Form

Base Form

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Ternere

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/31/2008	ID# CK#	Doris A Covalt 1534 43rd St Des Moines IA 50311		\$25.00	<input type="checkbox"/>
11/01/2008	ID# CK#	Julie A Spellman 28923 190th St Woodward IA 50276		15.00	<input type="checkbox"/>
11/01/2008	ID# CK#	Women for A Stronger America Cynthia Forbes Lupche 15215 Alpine Dr		200.00	<input type="checkbox"/>
11/01/2008	ID# CK#	Carol L. King 310 Tahiti Way #116 Marina Del Rey CA 90292		100.00	<input type="checkbox"/>
11/02/2008	ID# CK#	Barb Hurd 300 Walnut St #183 Des Moines IA 50309		250.00	<input type="checkbox"/>
11/02/2008	ID# CK#	Michael H Harkin 31731 145th Ln. Woodward IA 50276		100.00	<input type="checkbox"/>
11/03/2008	ID# CK#	Ruthanne Harstad 4141 Boyd St Des Moines IA 50317		25.00	<input type="checkbox"/>
11/03/2008	ID# CK#	David Wozniak 1770 92nd St Unit 12101 W Des Moines IA 50266		30.00	<input type="checkbox"/>
11/03/2008	ID# CK#	Dell Radcliffe 1112 45th St Des Moines IA 50311		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 845.00

TOTAL (if last page of this schedule)

\$ 1370

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Temere

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/31/2008	ID# CK# 1101	Postmaster Adel IA 50003	Bulk Mailing	\$ 206.41
10/18/2008	ID# CK# 1083	Qwest	Sept and Oct phone bills	204.25
10/21/2008	ID# CK# 1084	Office Max 6305 Mills Civic Pkwy W Des Moines IA 50266	Copies	4.20
11/01/2008	ID# CK# 1102	Postmaster Adel IA 50003	Bulk Mailing	436.02
11/11/2008	ID# CK# 1103	Susan Temere	Reimbursement for postcard stamps and a bulk mailing (\$1.00 plus 1434.00)	1515.00
11/15/2008	ID# CK# 1104	Hy Vee 555 S 51st St W Des Moines IA 50265	Postage Stamps	16.80
11/18/2008	ID# CK# 1105	Qwest	Phone Bill	95.09
12/22/2008	ID# CK# 1106	Qwest	Phone (cancelled Internet)	46.27
SUB-TOTAL				\$ 2524.04
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/09)	MONETARY EXPENDITURES
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Tenen

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/31/2008	ID# CK#	Union State Bank	Bank Service Charge	\$ 4.44
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 4.44
TOTAL (If last page of this schedule)				\$ 2528.48

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

PRESENT

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Tamare

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 1000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$

From Schedule E - TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1000.00

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(for Schedule F)